

**8/12/03 Meeting Summary**  
**Advisory Panel on Medicare Education (APME)**  
**Wednesday, May 21, 2003, 9:15 a.m. – 4:00 p.m.**

***Centers for Medicare & Medicaid Services Update***  
***Promoting the Use of Medicare Preventive Benefits:***

**▪CMS Initiatives**

**▪Private Sector Initiatives**

***Eliminating Disparities in the Use of Medicare Preventive Benefits***  
***Home Health Quality Initiative Update***  
***Listening Session with CMS Leadership***

**Location:**

The meeting was held at Wyndham Washington, 1400 M Street, NW, Washington, D.C., 20005.

**Federal Register Announcement:**

The meeting was announced in the Federal Register on April 25, 2003 (Volume 68, Number 80, Pages 20393-20394) (**Attachment A**)

**Panel Members Present:**

**Dr. Susan Reinhard**, Chairperson, Advisory Panel on Medicare Education; Co-Director, Center for State Health Policy, Rutgers University

**Joyce Dubow**, Senior Policy Advisor, Public Policy Institute, AARP

**Timothy Fuller**, Executive Director, Gray Panthers

**John H. Graham, IV**, Chief Executive Officer, American Diabetes Association

**Thomas Hall**, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.

**David Knutson**, Director, Health System Studies, Park Nicollet Institute for Research and Education

**Brian Lindberg**, Executive Director, Consumer Coalition for Quality Health Care

**Katherine Metzger**, Director, Medicare and Medicaid Programs, Fallon Community Health Plan

**Dr. Laurie Powers**, Co-Director, Center on Self-Determination, Oregon Health Sciences University

**Dr. Marlon Priest**, Professor of Emergency Medicine, University of Alabama at Birmingham

**Dr. Everard Rutledge**, Vice President of Community Health, Bon Secours Health Systems

**Jay Sackman**, Executive Vice President, 1199 Service Employees International Union

**Dallas Salisbury**, President and Chief Executive Officer, Employee Benefit Research Institute

**Rosemarie Sweeney**, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians

**Bruce Taylor**, Director, Employee Benefit Policy and Plans, Verizon Communications

**Staff:**

**Lynne Johnson**, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

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**Guests:**

**Adolph Falcón**, Vice President, Center for Science and Policy, National Alliance for Hispanic Health

**Others:**

A sign-in sheet listing other attendees is incorporated as **Attachment B**.

**Panel Members Absent:**

**Dr. Jane Delgado**, President and Chief Executive Officer, National Alliance for Hispanic Health

**Mr. Clayton Fong**, President and Chief Executive Officer, National Asian Pacific Center on Aging

**Dr. William Haggett**, Senior Vice President, Government Programs, Independence Blue Cross

***Welcome and Open Meeting***

**Lynne Johnson, Centers for Medicare & Medicaid Services (CMS)**

Lynne Johnson, Designated Federal Official for the Advisory Panel on Medicare Education (APME), called meeting to order at 9:20 a.m.

***Introduction of Members/Review of Previous Meeting***

**Dr. Susan Reinhard, Chairperson, Advisory Panel on Medicare Education**

Dr. Reinhard welcomed the panel members and public participants and reviewed the previous meeting (**Attachment C and D**), explaining that a more detailed summary of the minutes could be found on the APME web site. Dr. Reinhard thanked CMS for including public input in drafting the updated (2004) *Medicare & You* handbook.

***Centers for Medicare & Medicaid Services Update***

**Gail McGrath, Director, Center for Beneficiary Choices (CBC), CMS**

Ms. McGrath noted some of the key points in President George W. Bush's *Framework for Medicare Reform*:

- \$400 billion in Medicare spending over the next 10 years;
- Prescription drug card in 2004; and
- Three choices of health coverage plans starting in 2006.

Ms. McGrath noted that Medicare+Choice plans have worked well for many beneficiaries, particularly those who cannot afford Medigap coverage. She informed the panel about a PPO demonstration project in 23 states in which 31 providers and 63,000 beneficiaries already have signed up to participate. Most of the plans provide drug benefits, supplemental benefits like vision and hearing screening, preventive and disease management services. CMS currently has a disease management demonstration under way with over 10,000 Medicare beneficiaries enrolled in 15 states.

**Discussion:**

The panel raised several issues concerning demonstrations: the beneficiary enrollment process, incentives for improved health outcomes, and plans for sharing demonstration findings. CMS will address the issues at the next APME meeting.

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***Listening Session with CMS Leadership***  
**Thomas A. Scully, Administrator of CMS**

Mr. Scully discussed this year's media campaign and asked the panelists for their input. He felt the media campaign was a good investment and effective means to inform seniors about the benefits that are available to them. Mr. Scully informed the panel about CMS initiatives to educate consumers about long-term care financing options. He noted reverse annuity mortgages as one option in financing long-term care.

**Discussion:**

A number of issues were discussed: the need to improve health literacy for seniors over 65, long-term care financing, disparities in minority access to health care options, home-based health care, the measurement of the quality of physicians' services to Medicare patients, and tracking patients once they leave the hospital. The panel members praised CMS for instituting electronic health records.

***Promoting the Use of Medicare Preventive Benefits Presentations***

**Thomas Hall, Cardio-Kinetics, Inc., Moderator**

Mr. Hall made opening remarks stating the need to better emphasize preventive health care in the medical community.

**Barbara Paul, M.D., CMS, *Promoting the Use of Medicare Preventive Benefits*  
(Attachment E)**

Dr. Paul discussed the development of a comprehensive system to measure health care quality across the spectrum of care, from hospitals to home care. The goal is to measure both quality and cost-effectiveness, and to find ways to reward those who find ways to lower the costs of providing care. Dr. Paul also discussed 10 preventive health care services covered by Medicare—everything from flu shots to cancer testing to glaucoma screening. She cited statistics showing the high incidence of unhealthy behaviors in seniors, adding that many seniors are not convinced of the value of preventive health care services. She discussed the need to educate seniors about the value preventive health care services. She described the Medicare Senior Risk Reduction Program, a two-year Medicare+Choice preventive health pilot project involving 98 health plans.

**John H. Graham IV, ADA, *Prevention and the American Diabetes Association*  
(Attachment F)**

Mr. Graham discussed ADA's mission to help prevent and cure diabetes and improve the lives of people suffering from the disease. ADA partners with the National Institutes of Health to fund 400 investigators at 200 universities, studying secondary and tertiary diabetes. He explained 10 ways ADA is promoting diabetes awareness and education, including sponsoring a Web site, [www.diabetes.org](http://www.diabetes.org); a toll-free number (1-800-DIABETES); and diabetes "expos" staged around the country. Mr. Graham noted that ADA works with the Department of Health and Human Services, Black and Hispanic Congressional caucuses, other associations, and industry. ADA has specific programs for reaching Hispanic and Native American populations and runs children's camps for Type 1 and Type 2 diabetes patients. ADA focuses its message on good nutrition and exercise to prevent diabetes.

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**Katherine Metzger, Fallon Community Health Plans, *Preventive Services for Fallon Senior Plan™* (Attachment G)**

Ms. Metzger explained that Fallon offers six preventive health care services, including breast, cervical, colon and prostate cancer screening; diabetes monitoring; and flu and pneumonia inoculations. The Plan has taken a proactive role, sending out reminders to beneficiaries about opportunities for preventive health care services, such as physical exams, mammograms, cholesterol screening and diabetic eye exams. Ms. Metzger explained how the plan monitors patient care by using an automatic medical record system that tracks the usage of preventive health care services. The Plan uses newsletters, provider manuals, clinical practice and preventive care guidelines, and a member magazine to promote preventive health care. (Attachment I).

**Thomas Hall, Cardio-Kinetics, Inc., *Private Sector Initiatives* (Attachment H)**

Mr. Hall stated that his organization focuses on cardiovascular health and fitness. He cited statistics showing that cardiovascular disease accounts for one out of every 2.5 deaths in this country. His company contracts with other companies or organizations to screen for potential cardiovascular health problems and designs individualized programs to increase health and fitness. Mr. Hall noted that substantial financial benefits accrue to both employers and employees by reducing the cardiovascular disease risk factors identified by the screenings.

**Discussion:**

The panel suggested that CMS's prevention message stress the importance of physical activity and show physically active people in a familiar realistic environment.

***Eliminating Disparities in the Use of Medicare Preventive Benefits***

**Marlon Priest, M.D., APME, Professor of Emergency Medicine, University of Alabama at Birmingham, Moderator**

Dr. Priest made opening remarks explaining the focus of the health disparities discussion:

- How do we develop sustainable programs to address disparities in the use of Medicare preventive benefits?
- How do we develop programs with adequate outreach to address this issue?
- How do we translate interventions into an insurance context?

**Barbara Paul, M.D., CMS, *Eliminating Disparities in the Use of Medicare Preventive Benefits* (Attachment J)**

Dr. Paul explained that since 1965 Medicare has helped reduce racial and ethnic health disparities by providing health care services to all eligible beneficiaries; requiring health care institutions to provide care in a nondiscriminatory manner; and providing for supplemental medical insurance buy-in for eligible seniors through Medicaid. Nonetheless, African Americans have higher death rates for heart disease, cancer and stroke than any other U.S. ethnic group. Dr. Paul cited a Brandeis University research study of a variety of risk factors—social, economic and behavioral—affecting minority health care outcomes. The study concluded that cultural factors are crucial in understanding all aspects of health, illness and the provision of care. Dr. Paul noted that the quality improvement organization (QIO) pilot demonstrations in Oklahoma, Kentucky, New York and Texas had successfully reduced disparities in accessing

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preventive services, primarily by working with local institutions to design culturally sensitive, appropriate health care interventions. The Brandeis study also found that community health workers seem to be effective in improving health outcomes, as does having a regular source of care. Dr. Paul reported that focus groups composed of racial and ethnically diverse elders had revealed that most seniors trust their doctor's advice but do not necessarily follow that advice in changing their health related behaviors.

**Discussion:**

The presentation on disparities generated discussion about the barriers to care due to race, ethnicity, geographical location, difficulties in getting medical appointments, and distrust in minority communities that prevent them from seeking life-saving early interventions. Since nurses have a direct influence on patients, the panel suggested that CMS should partner with national nursing organizations to seek their help in reducing disparities in care. Additionally, the panel suggested methods for the collection of CMS disparities data.

Dr. Paul asked for volunteers to form a subcommittee or workgroup to work more directly with QMHAG to advise them on the disparities demo that needs to be designed. No one responded to volunteer at that time.

***Public Comment***

**Dr. Susan Reinhard**

**Alan Mittermaier, President, HealthMetrix Research Inc., signed up for the public comment period. (Attachment K)**

Mr. Mittermaier proposed that CMS support his two-minute Medicare video news releases project.

***Home Health Quality Initiative (HHQI) Update***

**Barbara Paul, M.D., Director, CMS, *Home Health Quality Initiative* (Attachment L)**

**Friday, August 01, 2003**

Dr. Paul discussed the first phase of the HHQI was launched in eight states on May 1<sup>st</sup>—with the national rollout planned for next fall. Phase one of the rollout put in place 11 new quality measures and established a new Home Health Compare Web page on [www.medicare.gov](http://www.medicare.gov). She explained that the new web page will include demographic information on all national Medicare and Medicaid certified home health agencies and quality measure data from phase one states.

The HHQI effort includes:

- Implementation of regulation and enforcement initiatives by state survey agencies and CMS;
- Improvement of consumer education on quality of care provided by individual home health agencies (HHA's);
- Establishment of continual, ongoing community based quality improvement programs for HHA's; and
- Placement of a strong emphasis on partnering with such organizations as the National Association for Home Care and the Visiting Nurses Association, to "leverage" HHA knowledge and resources.

CMS publicized the HHQI through newspaper ads, a media campaign, and the new Home Health Compare Web page. Visitors to Home Health Compare will be able to search for providers by state, county and ZIP code. With regard to implementing HHA quality improvement measures,

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Dr. Paul explained this effort will be driven by an outcomes based quality improvement system (OBQI), which is already being used by both the home health care industry and state survey/certification agencies.

***2003/2004 Medicare Education Campaign***

**Michael McMullan, Deputy Director for Beneficiary Education, CBC, CMS**

Ms. McMullan updated the panel on the nine elements of the Medicare Education Campaign:

- The ***Medicare & You*** handbook for 2004 was in the final stages of review. Changes include a Q's & A's component, explanation of key policy changes; such as expedited appeals, the addition of more details about Part B enrollment, an explanation of national coverage decisions and local medical review policies, and telephone numbers for the State Health Insurance Assistance Programs.
- **1-800-Medicare** is available 24 hours a day, 7 days a week. The call volume has increased from 1.9 million calls in 1999 to 5.4 million calls in 2002. Several additional print-on-demand tools have been implemented. CMS is building a universal desktop tool that will allow all customer service representatives to reach into back end systems to answer questions.
- **Medicare.gov** is a powerful tool for reaching beneficiaries. The web site had 10.6 million page views in 1999 and increased to 59 million page views in 2002. Enhancements to the web site's navigational tools include the Medicare Personal Plan Finder search features and an enhanced version of the participating physician. Additional print-on-demand features will be added and CMS is in the process of developing a web tool to help people understand their Part B eligibility.
- **Regional Education About Choices in Health Care (REACH)** is done through CMS's regional offices. In 2003 and 2004, the regional offices have been targeted to reach out to people who have access barriers to information in specifically language literary, location, and culture.
- **State Health Insurance Assistance Program (SHIPS)** - Through grants, CMS supports the SHIPS. The purpose of the state-based SHIP programs is to answer the more complex questions about insurance and how Medigap, Medicare, and Medicaid insurances work with each other.
- **Partnerships** - CMS builds partnerships, both at the national and local levels, to leverage Medicare knowledge and the use of Medicare benefits. CMS works with disease related groups such as the American Diabetes Association, to get the message out. CMS has been working with the caregiver groups in getting information out to caregivers on behalf of people with Medicare.
- **Web-based Training** - CMS has enhanced training to information intermediaries by developing web-based training modules. These Web-based tools ensure that program information is getting into the hands of the people who are actually giving advice.
- **Assessment** - There is an assessment of all of the elements of the Medicare Education Campaign. CMS assesses what needs to be change, what was done well, and what can be built on.
- **National Ad Campaign** – An ad campaign is being planned for this year. This year's campaign will feature the 1-800 Medicare number and the tone of the message will be humorous while keeping the message simple and direct.

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**Discussion:**

Panel members expressed an interest in giving their input into this year's ad campaign and agreed with keeping the message simple. The panel asked about populations that use 1-800 Medicare and medicare.gov. CMS indicated that the results of a survey on web usage showed more non-beneficiaries using Medicare.gov.

***Next Steps Discussion***

**Dr. Susan Reinhard**

Dr. Reinhard announced APME will meet again on September 18<sup>th</sup> and solicited ideas for discussion topics. Panel members made the following suggestions:

- Discussion of demonstration projects for next agenda.
- Solicit volunteers who would like to participate with QMHAG in designing the disparities demonstration.
- Find ways to make the panel more proactive than reactive, by allowing panel members to be provided consultation and early input on CMS educational initiatives, including the multimedia campaign.
- Look at remaining topics from the ranking questions exercise to develop future agenda.

***Adjournment***

Dr. Reinhard thanked the panel members and other participants. There being no further business the meeting adjourned the meeting at 4:02 p.m.

Prepared by:

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Approved by:

Dr. Susan Reinhard, Chairperson  
Advisory Panel on Medicare Education

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**Attachments**

- A.** Federal Register, Notice, April 25, 2003 (Volume 68, Number 80, Pages 20393-20394).
- B.** Sign-in Sheet
- C.** Meeting Summary, Advisory Panel on Medicare Education, November 19, 2002.
- D.** Answers to Questions Asked at the November 19, 2002 APME Meeting.
- E.** Slide Presentation: *Promoting the Use of Medicare Preventive Benefits.*
- F.** Slide Presentation: *Prevention and the American Diabetes Association.*
- G.** Slide Presentation: *Preventive Services for Fallon Senior Plan™.*
- H.** Slide Presentation: *Private Sector Initiatives.*
- I.** Fallon Health Plan's Quarterly Health Guide: *Healthy Communities.*
- J.** Slide Presentation: Eliminating Disparities in the Use of Medicare Preventive Benefits.
- K.** Public Comment Document: Public Comment: *Advisory Panel on Medicare Education*
- L.** Slide Presentation: *Home Health Quality Initiative Update*